

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

FILED

US BANKRUPTCY COURT
DISTRICT OF DELAWARE

Case No.: 24-11442 (MFW)

Jointly Administered

In re:

CHICKEN SOUP FOR THE SOUL
ENTERTAINMENT, INC., et al.,

Debtors.

NOTICE OF APPEAL TO DISTRICT COURT
PROVIDED PURSUANT TO FRBP 8002

TO THE HONORABLE COURT:

1. COMES NOW admitted (without objection) party in interest Charles Muszynski, pro se, ("Movant") and pursuant to FRBP 8002 provides notice of appeal after the court's decision in the 8 January 2025 hearing held at 2:00 before Judge Mary Walwrath in the above-captioned action and before entry of an order, such that this notice will be treated as filed on the date of, and after entry of said Order.

2. Movant's signed, Form 17(a), Notice of Appeal and Statement of Election is attached as "Exhibit 1".

3. Movant's signed, Application To Proceed In District Court Without Prepaying Fees Or Costs (Long Form) is attached as "Exhibit 2".

RESPECTFULLY SUBMITTED, 10 January 2025 and signed in the Federation of St. Christopher and Nevis.



Charles Muszynski, pro se
usfilefolder@protonmail.com
P. O. Box 1423
Basseterre
St. Kitts and Nevis
West Indies
1-424-333-0569

CERTIFICATE OF SERVICE

The undersigned states service herein was provided upon the parties/entities related to the proceedings above by way of the Court's CM/ECF system on the date he submitted the filing below and subsequent to courier delivery at the Court's physical location in Wilmington, DE.

10 January 2025

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Charles Muszynski", written over a horizontal line.

Charles Muszynski, pro se
usfilefolder@protonmail.com

P. O. Box 1423

Basseterre

St. Kitts and Nevis

West Indies

EXHIBIT 1
Form 17(a), Notice of Appeal and Statement of Election

Official Form 17A (12/14)

[Caption as in Form 16A, 16B, or 16D, as appropriate]

NOTICE OF APPEAL AND STATEMENT OF ELECTION

Part 1: Identify the appellant(s)

1. Name(s) of appellant(s):
Charles Muszynski _____
2. Position of appellant(s) in the adversary proceeding or bankruptcy case that is the subject of this appeal:
For appeals in an adversary proceeding. For appeals in a bankruptcy case and not in an adversary proceeding.

| | |
|---|-----------------------------------|
| <input type="checkbox"/> Plaintiff | <input type="checkbox"/> Debtor |
| <input type="checkbox"/> Defendant | <input type="checkbox"/> Creditor |
| <input type="checkbox"/> Other (describe) _____ | |
| <input type="checkbox"/> Trustee | |

X Other (describe) Party of interest and future creditor see *In re Roberts*, 46 B.R. 815, 827 (Bankr. D. Utah 1985), *aff'd*, 75 B.R. 402 (D. Utah 1987), and *In re Marvel Entm't Group, Inc.*, 140 F.3d 463, 477 (3d Cir. 1998).

Part 2: Identify the subject of this appeal

1. Describe the judgment, order, or decree appealed from: _____
2. State the date on which the judgment, order, or decree was entered: _____

Part 3: Identify the other parties to the appeal

List the names of all parties to the judgment, order, or decree appealed from and the names, addresses, and telephone numbers of their attorneys (attach additional pages if necessary):

1. Party: Trustee George Miller, CPA Attorney: John T. Carroll, III (No. 4060)
Simon E. Fraser (No. 5335)
1201 N. Market Street
Suite 1001
Wilmington, DE 19801
Tel: (302) 295-2000
jcarroll@cozen.com
2. Party: _____ Attorney: _____

Official Form 17A (12/14)

Part 4: Optional election to have appeal heard by District Court (applicable only in certain districts)

If a Bankruptcy Appellate Panel is available in this judicial district, the Bankruptcy Appellate Panel will hear this appeal unless, pursuant to 28 U.S.C. § 158(c)(1), a party elects to have the appeal heard by the United States District Court. If an appellant filing this notice wishes to have the appeal heard by the United States District Court, check below. Do not check the box if the appellant wishes the Bankruptcy Appellate Panel to hear the appeal.

☒ Appellant(s) elect to have the appeal heard by the United States District Court rather than by the Bankruptcy Appellate Panel.

Part 5: Sign below



Charles Muszynski, pro se
usfilefolder@protonmail.com

P. O. Box 1423

Basseterre

St. Kitts and Nevis

West Indies

1-424-333-0569

Date: 10 January 2025

Fee waiver notice: If appellant is a child support creditor or its representative and appellant has filed the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.

EXHIBIT 2
SIGNED INDIGENCY APPLICATION FOR WAIVER OF FEES

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

UNITED STATES DISTRICT COURTfor the
District of DelawareCharles Muszynski*Plaintiff/Petitioner*

v.

George Miller, Trustee*Defendant/Respondent*

Civil Action No.

**APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Long Form)****Affidavit in Support of the Application**

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed:

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date:

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

| Income source | Average monthly income amount during the past 12 months | | Income amount expected next month | |
|---|---|--------|-----------------------------------|--------|
| | You | Spouse | You | Spouse |
| Employment | \$ 0.00 | \$ | \$ | \$ |
| Self-employment | \$ 0.00 | \$ | \$ | \$ |
| Income from real property (such as rental income) | \$ 0.00 | \$ | \$ | \$ |
| Interest and dividends | \$ 0.00 | \$ | \$ | \$ |
| Gifts | \$ 0.00 | \$ | \$ | \$ |
| Alimony | \$ 0.00 | \$ | \$ | \$ |
| Child support | \$ 0.00 | \$ | \$ | \$ |

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| | | | | |
|--|--------------------|----------------|----------------|----------------|
| Retirement (such as social security, pensions, annuities, insurance) | \$ 0.00 | \$ | \$ | \$ |
| Disability (such as social security, insurance payments) | \$ 0.00 | \$ | \$ | \$ |
| Unemployment payments | \$ 0.00 | \$ | \$ | \$ |
| Public-assistance (such as welfare) | \$ 0.00 | \$ | \$ | \$ |
| Other (specify): | \$ 3,333.00 | \$ | \$ | \$ |
| Total monthly income: | \$ 3,333.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

| Employer | Address | Dates of employment | Gross monthly pay |
|----------|---------|---------------------|-------------------|
| None | | | \$ |
| | | | \$ |

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

| Employer | Address | Dates of employment | Gross monthly pay |
|----------|---------|---------------------|-------------------|
| None | | | \$ |
| | | | \$ |
| | | | \$ |

4. How much cash do you and your spouse have? \$ 100.00

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

| Financial institution | Type of account | Amount you have | Amount your spouse has |
|-----------------------|-----------------|-----------------|------------------------|
| None | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

| Assets owned by you or your spouse | |
|---|-------------|
| Home (Value) | \$ 0.00 |
| Other real estate (Value) | \$ 0.00 |
| Motor vehicle #1 (Value) | \$ 3,000.00 |
| Make and year: Porsche 1998 | |
| Model: Boxster | |
| Registration #: None (Titled in Federation fo St. Christopher and Nevis | |
| Motor vehicle #2 (Value) | \$ |
| Make and year: | |
| Model: | |
| Registration #: | |
| Other assets (Value) | \$ 3,000.00 |
| Other assets (Value) | \$ |

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

| Person owing you or your spouse money | Amount owed to you | Amount owed to your spouse |
|---------------------------------------|--------------------|----------------------------|
| None | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

7. State the persons who rely on you or your spouse for support.

| Name (or, if under 18, initials only) | Relationship | Age |
|---------------------------------------|--------------|-----|
| None | | |
| | | |
| | | |

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8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

| | You | Your spouse |
|---|-------------|-------------|
| Rent or home-mortgage payment <i>(including lot rented for mobile home)</i> | | |
| Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | \$ 500.00 | \$ |
| Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Utilities <i>(electricity, heating fuel, water, sewer, and telephone)</i> | \$ 111.00 | \$ |
| Home maintenance <i>(repairs and upkeep)</i> | \$ 0.00 | \$ |
| Food | \$ 1,760.00 | \$ |
| Clothing | \$ 50.00 | \$ |
| Laundry and dry-cleaning | \$ 0.00 | \$ |
| Medical and dental expenses | \$ 700.00 | \$ |
| Transportation <i>(not including motor vehicle payments)</i> | \$ 100.00 | \$ |
| Recreation, entertainment, newspapers, magazines, etc. | \$ 0.00 | \$ |
| Insurance <i>(not deducted from wages or included in mortgage payments)</i> | | |
| Homeowner's or renter's: | \$ 0.00 | \$ |
| Life: | \$ 0.00 | \$ |
| Health: | \$ 0.00 | \$ |
| Motor vehicle: | \$ 100.00 | \$ |
| Other: | \$ 0.00 | \$ |
| Taxes <i>(not deducted from wages or included in mortgage payments) (specify):</i> | \$ | \$ |
| Installment payments | | |
| Motor vehicle: | \$ 0.00 | \$ |
| Credit card <i>(name):</i> | \$ 0.00 | \$ |
| Department store <i>(name):</i> | \$ 0.00 | \$ |
| Other: | \$ 0.00 | \$ |
| Alimony, maintenance, and support paid to others | \$ 0.00 | \$ |

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| | | |
|---|--------------------|----------------|
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ 0.00 | \$ |
| Other (specify): | \$ | \$ |
| Total monthly expenses: | \$ 3,321.00 | \$ 0.00 |

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☒ Yes ☐ No If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in conjunction with this lawsuit? ☐ Yes ☒ No

If yes, how much? \$ _____

11. Provide any other information that will help explain why you cannot pay the costs of these proceedings.
 Barratrous copyright troll Kerry Culpepper vexatiously opposes my bankruptcy for 3 years after fraudulently obtaining an unargued default in S.D. FL. 2 bankruptcy Trustees list my "debt" at: \$471,000,000.00. Culpepper PROVABLY LIED to obtain the judgment as his E.D. TX Hearing testimony 22 Aug 2023 proved. For these reasons, there may be major changes to monthly expenses and income per QUESTION 9 ABOVE.

12. Identify the city and state of your legal residence.
 Church Ground, Nevis, Federation of St. Christopher and Nevis, W.I.

Your daytime phone number: (424) 333-0569

Your age: 60 Your years of schooling: 16